

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

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**1. PLACE OF DEATH**

County Stoddard  
 Township Liberty  
 City Burns MO (No. \_\_\_\_\_)

Registration District No. 836  
 Primary Registration District No. 1507

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lillie Middleton</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-23-79</u>				
7. AGE	YEARS <u>54</u>	MONTHS <u>0</u>	DAYS <u>15</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stodd Co MO</u>				
FATHER	13. NAME <u>Marion Middleton</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont MO</u>			
MOTHER	15. MAIDEN NAME <u>Sarah Pearman</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont MO</u>			
17. INFORMANT (ADDRESS) <u>Hubert Middleton</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lockwood Cross</u> DATE <u>10-11</u> 19 <u>33</u>				
19. UNDERTAKER (ADDRESS) <u>B. M. Hopkins Burns MO</u>				
20. FILED <u>10/9 1933 Florence Allen</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

2. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-8 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-7 1933, to 10-8 1933.  
 I last saw him alive on 10/8 1933. Death is said to have occurred on the date stated above, at 3 p. m.  
 The principal cause of death and related causes of importance were as follows:  
apoplexy  
82A  
38  
82A  
 Other contributory causes of importance Malaria  
 Date of onset 10-7-33

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) J. F. Little, M. D.  
 (Address) Burns, Mo

